

APPLICATION FOR EMPLOYMENT

City of Sunrise Personnel Department 1300 Sawgrass Corporate Parkway, Suite 100 Sunrise, Florida 33323 Equal Opportunity Employer – M/F/D/V

GENERAL INSTRUCTION	S:									
You must fully complete the City of Sunrise application to be considered for employment. Please answer each question. If the question does not apply, state N/A. If the space available is insufficient, please fill out a supplement sheet. Please PRINT CLEARLY IN INK OR TYPE all information.										
1) Position Applied For:		2.	Choic	e				3. Choi	ce	
2) Last Name			Firs	st Nar	ne			Mi	ddle Name	
3) Present Address:	Street			/	ı	City	/	S	state /	Zip
4) Previous Address:	Street			/		City	/	S	state /	Zip
5) Social Security Number					6)	Telephon	ie Numbe	r		
7) Under the immigration Reform an in the U.S. We will require documen						l to verify	that you	are legal	ly eligible for emp	loyment
8) List Education and Special Trainin submit copies of diplomas or certific								chools, e	etc.) (Applicants m	ust
Name and Location of Vocational School, Training Center, etc.		Dates Attended From To Mo/Yr Mo/Yr			o'	Taken			Certifica Receiv	
									-	
									_	
High School Attended:										
LIST COLLEGES AND UNIVERSITIES ATTENDED BELOW:										
Name and address of College or University	Dat Fro Mo.	m	ttende T Mo.	o	Cred	Qtr.	Grade Po Averag		Major/Minor ield or Program of Study	Type of Degree
										-

9) Employment Record: Begin with your present or most recent employment and work back. List all jobs held in the last ten years. If more space is necessary, please use the application supplement sheet. Be specific when describing job duties.				
May we contact your present employer regarding your record of employment?				
(1) Previous Job	Employer			
From To Total Time	Address			
Mo. Yr. Mo. Yr. Yrs. Mos.	City, State, Zip Code			
	Telephone No. ()			
Hours per week	Your Job Title			
Starting Salary \$per	Supervisor's Name and Title			
per	Reason for leaving Position			
Specific Duties:				
(2) Previous Job	Employer _			
From To Total Time	• •			
Mo. Yr. Mo. Yr. Yrs. Mos.	Address City, State, Zip Code			
	Telephone No. ()_			
Hours per week				
Starting Salary \$per	Your Job Title			
Last Salary \$per	Supervisor's Name and Title Reason for leaving Position			
	Reason for leaving 1 ostion			
Specific Duties:				
(3) Previous Job	Employer			
From To Total Time	Address			
Mo. Yr. Mo. Yr. Yrs. Mos.	City, State, Zip Code			
	Telephone No. ()			
Hours per week	Your Job Title			
Starting Salary \$per	Supervisor's Name and Title			
per	Reason for leaving Position			
Specific Duties:				

	(4) Prev	ious Job			Employer
From	Т	0	Tota	Time	Address
Mo. Yr.	Mo.	Yr.	Yrs.	Mos.	City, State, Zip Code
Hours per week _					Telephone No. ()_
-					Your Job Title
Starting Salary \$			per_		Supervisor's Name and Title
Last Salary \$			per_		Reason for leaving Position
Specific Duties:					
	(5) Prev	ious Job			Employer
From	Т	.o	Tota	l Time	Address
Mo. Yr.	Mo.	Yr.	Yrs.	Mos.	City, State, Zip Code
House man visals					Telephone No. ()
Hours per week _					Your Job Title
Starting Salary \$			per_		Supervisor's Name and Title
Last Salary \$			per_		Reason for leaving Position
Specific Duties:					
~ F					
		ious Job		T.:	Employer
From Mo. Yr.	Mo.	Yr.	Yrs.	Time Mos.	Address
					City, State, Zip Code
					Telephone No. ()
Hours per week _					Your Job Title
Starting Salary \$			per		
					Supervisor's Name and Title
Last Salary \$			per_		Reason for leaving Position
Specific Duties: _					

10) A.	. Have you ever been discharged or forced to resign from any job? \square Yes \square No	
	If yes, please supply details	
В.	. Have you ever been disciplined in any job?	
	If yes, please supply details	
11)	Have you ever been employed by the City of Sunrise? ☐ Yes ☐ No	
	If yes, please supply dates and department	
12)	Are you related to any City of Sunrise employee? ☐ Yes ☐ No	
	If yes, please give name, relation, and employing department	
	. Have you ever been convicted of any criminal offense, pleaded guilty or <i>nolo contendere</i> , or be criminal offense, even though adjudication was withheld or sentence was suspended? If yes, please give the following information:	een found guilty of a s □ No
	DATE CHARGE PLACE CURRE	NT STATUS
В.	. Are criminal charges currently pending against you? ☐ Yes ☐ No If yes, please supply details	
	NOTE: A "Yes" response to either question does not automatically disqualify you for employr. In Case of Emergency, Please Notify:	nent.
	Name Relationship (if any) Telepho	ne Number
	Address City State CERTIFICATION AND AUTHORIZATION I hereby certify the information contained in this application to be true and correct to the best of agree that any false statements in this application shall be sufficient cause for rejection or dism the use of any information in this application to verify my statements and I authorize the past of all references and any other persons to answer all questions asked concerning my ability, characteristics.	issal. I authorize mployers, doctors,
	previous employment record. I release all such persons from any liability or damages on account furnished such information. I further understand that there is a probationary period and I can be time during this period.	nt of having
	Signature of Applicant	Date



City of Sunrise **AUTHORIZATON TO RELEASE INFORMATION**

As an applicant for a position with the City of Sunrise, I hereby authorize inquiries regarding my past employment record including, but not limited to, attendance, job performance, disciplinary records and reason for termination.				
I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested. You may contact me as indicated below, should there by any question as to the validity of this release.				
Print Name	Date			
Address				
Telephone Number ()_				
Signature				



City of Sunrise APPLICANT DRIVING HISTORY

GENERAL INSTRUCT	position which v	would require	s to be completed ONLY the use of a City vehicle. sown on driver's license.	by those applicant Please print all	ts for a
1) Driver's License Number	2) Issuing State	3) Date of Issue	4) Type	CI CC
					Chauffeur
					Operator
5) Name	FIRST	MIDDLE	E LAST		
6) Address	STREET	CITY	STATE		ZIP
7) Date of Birth	MONTH	DATE	YEAR		
8) If you have not held a Florida state in which it was issued:	a Driver's License for the	last three year	rs, please give prior driver	's license number	and
9) Is your license currently valid	1?		10) Has your lice		
YesNo			Yes	No	
11) Has your license ever been s	suspended?		Yes	No	
If yes, please give complete	details:				
12) Has your license ever been r	evoked?		Yes	No	
If yes, please give complete	details:				
13) List all traffic citations received within the last seven years. For each offense, give date, description of offense, city and state in which offense occurred, and disposition of case.					
14) Have you ever completed a	Defensive Driving Course	;	Yes	No	
If yes, please give date completed					
15) CERTIFICATION O I hereby certify that all ansunderstand that any misstatemer employment sought hereunder.	wers to the above question	ns and stateme	ents on the Driver's Licens		
SIGNATURE				DATE	
SIGNATURE				DAIE	



City of Sunrise <u>APPLICATION SUPPLEMENT SHEET</u>

MINIMUM REQUIREMENTS

GENERAL INSTRUCTIONS:	You MUST COMPLETE this form to be considered for employment. To assist us in processing your application, please describe how your experience meets or exceeds the minimum requirements posted for the position applied for. If your experience does not meet the minimum requirements, your application will not be forwarded for employment.
	Please print clearly in ink or type all information.
Name	Position Applied For
1) Describe briefly in what ways your o	experience meets the minimum requirements of the job posted.
2) Do you meet the minimum education	al requirements? Please describe.
3) Are there any special qualifications t requirements?	that you feel you have that would help you meet the minimum
Signature	Date



City of Sunrise **EQUAL EMPLOYMENT OPPORTUNITY SURVEY**

GENERAL INSTRUCTIONS: The following information will be used ONLY to help improve our recruiting programs and comply with the Federal and State government information requests. You are <u>not required</u> to provide this information, unless you wish to claim veteran's preference. If you choose not to provide the information, your decision will not affect your application.				
1) Position Applied For	2) Social Security Number			
3) Name	4) Date			
5) Date of Birth:	6) Sex:			
Month Date Year	Male Female			
7) Racial/Ethnic Identity: White Non-Latin Black Non-Latin Hispani	American Indian c Asian Pacific Alaska Native			
8) How did you learn of this opening?				
A Present City EmployeeIntere	st CardCity's Web Site			
City's Job Announcement BoardNewspaper Ad (Which Newspaper?:)				
Other (Please Specify)				
VETERAN'S PREFERENCE: (Optional) Check the appropriate block if you wish to claim veteran's preference. If you choose to claim veteran's preference documentation substantiating your claim must be furnished at the time of application.				
1. A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense, or				
2. The spouse of a veteran who cannot qualify for employment because of total and permanent disability, or the spouse of a veteran missing in action, captured or forcible detained by a foreign power, or				
3. A veteran of any war who has served on active duty of 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was discharged or separated therefrom with an honorable discharge from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era. Active duty for training is not allowable, or				
4. The unremarried widow or widower of a veteran who died of a service-connected disability.				
Branch of Service Date of	f Entry Date of Discharge			
Have you claimed and been employed through veteran's preference since October 1, 1987?				
YesNo. If yes, give name of employer				
Note: Under Florida Law, preference in appointment and employment shall be given, by the state and its political subdivisions, first to those persons included in 1 and 2 above; and second to those persons included under 3 and 4 above. If any applicant claiming veteran's preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veterans' Affairs, P. O. Box 1437, St. Petersburg, Florida 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed at any time.				